

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32957

(3)

1. Corporation Name

CARRIAGE INDUSTRIES, INC.



Principal Place of Business

P.O. BOX 12542
CALHOUN GA 30703

Mailing Address

P.O. BOX 12542
CALHOUN GA 30703

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1075027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO

☐ DELETE

NAME

FRIERSON, DANIEL K

STREET ADDRESS

110 SOUTH WATKINS STREET

CITY-ST-ZIP

CHATTANOOGA TN

TITLE

P

☐ DELETE

NAME

BARLOW, PHILIP H

STREET ADDRESS

185 S. INDUSTRIAL BLVD.

CITY-ST-ZIP

CALHOUN GA

TITLE

VPS

☐ DELETE

NAME

QUIST, JAMES R

STREET ADDRESS

185 S. INDUSTRIAL BLVD.

CITY-ST-ZIP

CALHOUN GA

TITLE

VPM

☐ DELETE

NAME

BRYSON, KENNETH D.

STREET ADDRESS

185 S. INDUSTRIAL BLVD.

CITY-ST-ZIP

CALHOUN GA

TITLE

VPF

☒ DELETE

NAME

JONES, STEVEN G.

STREET ADDRESS

185 S. INDUSTRIAL BLVD.

CITY-ST-ZIP

CALHOUN GA

TITLE

V

☐ DELETE

NAME

GROVES, WILLIAM G

STREET ADDRESS

185 SOUTH INDUSTRIAL BLVD.

CITY-ST-ZIP

CALHOUN GA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee, empowered to do so, and that the report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in on an attachment with an address.

SIGNATURE:

Philip H. Barlow

Philip H. Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(706) 629-9234

Corporate Phone #

CR2E034 (12/95)